Effective October 1, 2000 099 11242												_	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)						_	SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
Г	TOTAL CLAIMS	27				ſ	RATE	FEE	1	RATE	FEE		
Į,	FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
:#:	OTAL CHARGE	ABLE CLAIMS	27 minus 20= · 7			X\$ 9=		OR	X\$18=	126			
	IDEPENDENT C	4 minus 3 =		į			X40=		OR	X80=	80		
Ľ	AULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	_	
•	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR		916	
,	CLAIMS AS AMENDED - PART II							OTHER THAN					
1	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY	l
ENT		CLAIMS HIGHE REMAINING INJURIE AFTER PREVIOU AMENDMENT PAID F			BEA	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.21	Minus	-6	37			X\$ 9=		OR	X\$18=		
AMENOMENT	independent	1.5	Minus	•••	4	-		X40=		OR	. X80≖		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		ОЯ	+270=		
								TOTAL	<del> </del>	OR	TOTAL		ı
١.		A	ADDIT, FEE ADDIT, FEE										
عم		(Column 1)	Y.,	(Colui High		(Column 3)	1 -			1 1		4001	ı
AMENDMENT 6		REMAINING AFTER AMENOMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
3	Total	. 29	Minus	- 2	27	- 2	lL	X\$ 9=		OR	X\$18=	360	D
	Independent	AUTATION OF ALL	Minus	···	CLAIM	-3		X40≃		OR	X80=		İ
┞	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=		
	•						<u>ا</u>	TOTAL		OR	TOTAL ADDIT, FEE		
A	1-10-05	(Column 1)	_	(Colum	nn 2)	(Column 3)	, AL	JUI 1. PEE 1			ADDIT. PEC		
ENT 6		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID I	BEA SUSLY	PRESENT EXTRA	_	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 21	Minus	. 2	9	• —		X\$ 9=	1	OR	X\$18=		
AMENDA	Independent	. 5	Minus	***	7	•		X40=		OR	X80=		İ
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		Ī
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										[	TOTAL		
:	"If the "Highest No	rober Previously Pa	id For IN THE	S SPACE &	s less that	>3, enter "3."		OIT. FEE		•	ADDIT, FEE		
	The "Highest Nur	nber Previously Pai	d For (Total or	Independe	ert) is the	Nighest number	r TOURK	an ine sibb	KOD BIELIGON	17 CO	ध्यक्षी १.		ĺ

FORM PTO-875 . (Rev. 800) Palent and Tradonar's Office, U.S. DEPARTMENT OF COMMERCE

Application or Docket Number